



CONTRACT AWARD SHEET
Internal Services Department
Procurement Management Services

Bid No. 8441-0/19
Award Sheet

DIVISION

BID NO.: **8441-0/19**

PREVIOUS BID NO.: **8441-4/12-4**

TITLE: **MEDICAL SUPPLIES & RELATED ITEMS**

CURRENT CONTRACT PERIOD: **03/01/2014** through **02/28/2019**

Total # of OTRs: **0**

MODIFICATION HISTORY

Bid No. 8441-0/19

Award Sheet

DPM Notes

APPLICABLE ORDINANCES

LIVING WAGE: **No**

UAP: **Yes**

IG: **No**

OTHER APPLICABLE ORDINANCES:

CONTRACT AWARD INFORMATION:

No Local Preference

No Micro Enterprise

Full Federal Funding

No Performance Bond

Small Business Enterprise (SBE)

PTP Funds

Partial Federal Funding

No Insurance

Miscellaneous:

REQUISITION NO.:

PROCUREMENT AGENT:

GAROFOLO MARTHA

PHONE: 305 375-4265

FAX: 305 375-4407

EMAIL: MARTHAG@MIAMIDADE.GOV

DEPARTMENT OF PROCUREMENT MANAGEMENT
DIVISION

Page 1 of 10

VENDOR NAME: **SZY HOLDINGS LLC**
 DBA: **EVER READY FIRST AID & MEI**
 FEIN: **030538101** SUFFIX : **01** 11236
 STREET: **101-01 FOSTER AVENUE** CITY: **BROOKLYN** ST: **NY** ZIP:
 FOB_TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **800-325-4655**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
MIRI WEBER	718-495-4600	800-325-4655	718-495-5600	MWEBER@EVERREADYGROUP.COM

VENDOR NAME: **HEALTH-CARE EQUIPMENT & PARTS CO INC**
 DBA: **MED-PART**
 FEIN: **112659063** SUFFIX : **01** 11215
 STREET: **1901 10TH AVENUE** CITY: **BROOKLYN** ST: **NY** ZIP:
 FOB_TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **800-258-8680**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
MOLLY ROCHESTER	718-436-5100	800-258-8680	718-436-3680	STATE@MEDPART.COM

VENDOR NAME: **HENRY SCHEIN INC**
 DBA: **MATRX MEDICAL**
 FEIN: **113136595** SUFFIX : **02** **29063**
 STREET: **140 CROUCH COMMERCIAL COURT** CITY: **IRMO** ST: **SC** ZIP:
 FOB TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **-**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
	-	-	-	

VENDOR NAME: **HENRY SCHEIN INC**
 DBA: **HENRY SCHEIN EMS**
 FEIN: **113136595** SUFFIX : **04** **11747**
 STREET: **135 DURYEA ROAD** CITY: **MELVILLE** ST: **NY** ZIP:
 FOB TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **-**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
SCOTT BRUNER	800-845-3550	-	800-533-4793	SCOTT.BRUNER@HENRYSCHEIN.COM

VENDOR NAME: **STEEDE MEDICAL LLC**
 DBA:
 FEIN: **201399388** SUFFIX : **01** CITY: **DORAL** ST: **FL** ZIP: **33178**
 STREET: **11433 NW 34TH STREET**
 FOB TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **-**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:	SBE	Set Aside	Bid Pref.
	Micro Ent.	Selection Factor	Goal
	Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
JORGE PEREIRA	305-597-0607	-	305-597-0608	JGPEREIRA@STEEDEMEDICAL.COM

VENDOR NAME: **KENTRON HEALTHCARE INC**
 DBA:
 FEIN: **232618125** SUFFIX : **01** CITY: **SPRINGFIELD** ST: **TN** ZIP: **37172**
 STREET: **3604 KELTON JACKSON ROAD**
 FOB TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **866-385-0573**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:	SBE	Set Aside	Bid Pref.
	Micro Ent.	Selection Factor	Goal
	Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
NARI T SADARANGANI	615-384-0573	866-385-0573	615-384-0574	KENTRON@KENTRONMEDICAL.COM

VENDOR NAME: **BOUND TREE MEDICAL LLC**
 DBA:
 FEIN: **311739487** SUFFIX : **01** 43016
 STREET: **5200 RINGS ROAD SUITE A** CITY: **DUBLIN** ST: **OH** ZIP:
 FOB TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **800-533-0523**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
JENNIFER A BUTLER	614-760-5032	800-533-0523	877-311-2437	JBUTLER@BOUNDTREE.COM

VENDOR NAME: **PANCAR INDUSTRIAL SUPPLY CORP**
 DBA:
 FEIN: **320217281** SUFFIX : **01** 33166
 STREET: **6916 NW 46 STREET** CITY: **MIAMI** ST: **FL** ZIP:
 FOB TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET14** TOLL PHONE: **-**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
FRANCISCO FLETES	305-863-6151	-	305-863-6642	FDLETES@BELLSOUTH.NET

VENDOR NAME: **FLOTEC INC**
 DBA:
 FEIN: **351570774** SUFFIX : **01** 4624149
 STREET: **7625 WEST NEW YORK STREET** CITY: **INDIANAPOLIS** ST: **IN** ZIP:
 FOB TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **800-5159254**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
Brian R Davidson	317-2736960	800-5159254	317-2736979	brian@floteco2.com

VENDOR NAME: **MIDWEST MEDICAL SUPPLY COMPANY LLC**
 DBA:
 FEIN: **431741196** SUFFIX : **01** 6319555
 STREET: **PO BOX 955588** CITY: **ST LOUIS** ST: **MO** ZIP:
 FOB TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **888-540-3232**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
JULIA ONESTO	386-252-9960	888-540-3232	800-545-0065	JULIA.ONESTO@MMSMEDICAL.COM

VENDOR NAME: **VETMEDS INC**
 DBA:
 FEIN: **461109022** SUFFIX : **01** 33156
 STREET: **8950 SW 74th Court, Ste. 2201** CITY: **Miami** ST: **FL** ZIP:
 FOB TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **866-9505753**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
Andria R Nelson	312-9576351	866-9505753	-	vetmeds@gmx.com

VENDOR NAME: **DISTRICT HEALTHCARE & JANITORIAL SUPPLY**
 DBA: **DISTRICT HEALTHCARE**
 FEIN: **521755328** SUFFIX : **04** 33178
 STREET: **10302 NW S RIVER DR BAY # 24** CITY: **MEDLEY** ST: **FL** ZIP:
 FOB TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET14** TOLL PHONE: **-**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
KENNETH HOPKINS -GRAL MGR	305-888-1455	-	305-888-5834	DHCFLA@BELLSOUTH.NET

VENDOR NAME: **QUADMED INC**
 DBA:
 FEIN: **593184908** SUFFIX : **01** 32256
 STREET: **11210-1 PHILLIPS INDUSTRIAL** CITY: **JACKSONVILLE** ST: **FL** ZIP:
 FOB TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **800-933-7334**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
AARON L PRATT	904-880-2323	800-933-7334	904-880-2303	SALES@QUADMED.COM

VENDOR NAME: **SUNCOAST SURGICAL & MEDICAL SUPPLY LLC**
 DBA:
 FEIN: **830487202** SUFFIX : **01** 33634
 STREET: **6089 JOHNS ROAD, STE 9** CITY: **TAMPA** ST: **FL** ZIP:
 FOB TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **800-827-9177**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
RON J DIAZ	813-881-0065	800-827-9177	813-886-3045	RON_DIAL@SUNCOASTSURGICAL.CO

Details:

ITEMS AWARDED Section:

Item # Description

Qty

Unit Price

End of ITEMS AWARDED Section

AWARD INFORMATION Section

BCC Award: **No**

DPM Award: **No**

BCC Date: **02/19/2014**

DPM Date: **01/07/2014**

Contract Amount: \$ **18,081,000.00**

Additional Items Allowed:

Agenda Item No.:

Special Conditions:

ADDITIONAL ITEMS MAY BE PURCHASED AS PER SECTION 2, PARAGRAPH 2.13 OF THIS CONTRACT. THE USER DEPARTMENT WILL ISSUE INVITATION TO QUOTE AS PER TERMS AND CONDITIONS.

BPO INFORMATION Section:

1	ABCW1400498	
	Commodity ID	Commodity Name
	475	HOSPITAL, SURGICAL, AND RELATED MEDICAL
	Department	Department Allocation
	HD	\$500,000.00
2	ABCW1400501	
	Commodity ID	Commodity Name
	475	HOSPITAL, SURGICAL, AND RELATED MEDICAL
	Department	Department Allocation
	CO	\$85,000.00
	FR	\$16,316,000.00
	PD	\$85,000.00
3	ABCW1400502	
	Commodity ID	Commodity Name
	475	HOSPITAL, SURGICAL, AND RELATED MEDICAL
	Department	Department Allocation
	ME	\$1,002,000.00
	PR	\$85,000.00
	VZ	\$8,000.00

End of BPO Information Section